

Asbestos Work Permit

To be completed by the LLNL crew supervisor. Outside contractors should use PE Specification 001310

Supervisor's name _____ WHIZ TAG # _____ PFN # _____ JO# _____

Affected building: _____ Room/area: _____

Is area occupied? ☐ Yes ☐ No Will work area be posted before start of work? ☐ Yes ☐ No

Brief job description: _____

Planned work dates: from _____ to _____ Time: from _____ to _____

Activity to be performed _____ Measured Quantity: _____

Thermal System Insulation (TSI) removal _____ LF/SF

Thermal System Insulation (TSI) encapsulation _____ LF/SF

Transite panel or pipe removal _____ LF/SF

Vinyl asbestos tile (VAT)/mastic removal _____ SF

Linoleum removal _____ SF

Acoustic or fireproofing removal _____ SF

Cleaning or decontamination of surfaces _____ SF

Sawing, drilling, scoring, or breaking of asbestos _____ SF

Other (Describe project on back of this sheet) _____ LF/SF

Type of Asbestos (chrysotile, amosite, crocidolite): _____ % Asbestos _____ File # _____

Individuals involved in activity

Name	Employee #	Training Hrs.	Name	Employee #	Training Hrs.

Asbestos Control Equipment

HEPA vacuums ☐ Yes ☐ No Amended water ☐ Yes ☐ No

Encapsulant (name _____) ☐ Yes ☐ No Glove bags ☐ Yes ☐ No

Mastic remover (name _____) ☐ Yes ☐ No Bridging (name _____) ☐ Yes ☐ No

HEPA-filtered negative air ☐ Yes ☐ No Estimated neg-air CFM? _____ Qty _____

Decon chamber ☐ Yes ☐ No Decon type? _____ Shower ☐ Yes ☐ No

Waste Disposal Arrangements

1. Is this a demolition? ☐ Yes ☐ No

2. Are the material conditions friable or likely to become friable? ☐ Yes ☐ No

3. If the response to step 2 is "Yes," are regulated quantities of friable asbestos greater than 100 LF, 100 SF, 35 ft³ ☐ Yes ☐ No

Air Monitoring

Notify the industrial hygienist at least 48 hours before start of work so arrangements can be made for air monitoring, which is required by 8 CCR 1529J.

Supervisor's signature _____ Date: ____/____/____

To be completed by the EPD/PRAG Group (ext. 3-5789 or 2-2750; fax 3-5490)

1. If the response to steps 1, 2 and 3 above is "No," then the notification is processed through HC industrial hygienist.

2. If you answered "Yes" to step 1 or 3 above, then EPD must file notification more than 10 days prior to job start date.

EPD/PRAG signature (if required) _____ Date: ____/____/____

To be completed by the industrial hygienist

Personal Protective Equipment

Coveralls: TyvekTM _____ Other (Specify): _____

Eye Protection _____ Shoe Covers _____

Hearing Protection _____ Hard Hats _____

Gloves _____ Hard Hats _____

Respirator Protection Requirements

Issue Point Administrator (if other than Supervisor) _____

Half Mask _____ Full Face _____

PAPR (full face piece) _____ Other _____

Cartridge type if other than HEPA _____ Comments _____

Additional Control Requirements/Procedures: _____

Industrial hygienist's signature _____ Date: ____/____/____

Industrial hygienist name _____ Pager # _____ Phone # _____ FAX # _____